

REGULAR ARBITRATION PANEL

In the Matter of Arbitration)
)
 between)
)
 United States Postal Service)
)
 and)
)
 American Postal Workers Union)

Grievant: M. Wilson
Post Office: Wilmington, DE
P&DC
Case No: C00C-1C-D 04114132

Before: GEORGE R. SHEA, Jr.

Appearances:

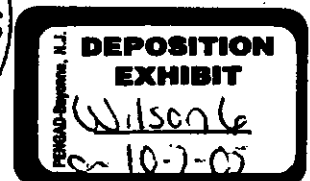
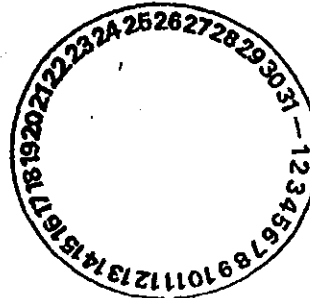
For United States Postal Service: A. Keen
For American Postal Workers Union: S. Collins

Place of Hearing: Wilmington, DE
Date of Hearing: October 7, 2004
Date of Post Hearing Submissions: October 14, 2004
Date of Award: November 10, 2004
Relevant Contract Provisions: Articles 15, 16
Contract Year: 2000-2003
Type of Grievance: Discipline (Removal)

AWARD SUMMARY

For the reasons more fully set forth in the attached Opinion, the Arbitrator determines that the underlying grievance in this matter is not arbitrable by reason of the Grievant/Union's late initiation of the grievance. The grievance, therefore, is dismissed with prejudice. The Arbitrator further determines that the proper disposition of the grievance does not require him to address the Parties' contentions regarding the merits of the grievance and the Arbitrator makes no findings, determinations or rulings regarding the merits of those contentions.


George R. Shea, Jr.



A-000043

OPINION

STATEMENT OF PROCEEDINGS:

The Union, in accordance with the Parties' National Agreement [Agreement], appealed the above captioned matter to arbitration. The undersigned was designated as the Arbitrator to hear and decide the matter. The Arbitrator held a hearing on and at the previously captioned date and location. The Parties' representatives appeared and the Arbitrator provided them with a full and fair opportunity to be heard, to present evidence and argument, and to examine and cross examine witnesses.

The Service requested that the question of the arbitrability of the underlying grievance be separated from the merits of the grievance. The Union did not object to this request.¹ The Parties requested the Arbitrator hear the entire matter but address the issue of arbitrability first and only address the merits of the grievance, if he found the matter arbitrable.

The Service called C. Van Istendal and L. Drummer as its witnesses. The Union called M.G. Wilson [Grievant] as its witnesses.

ISSUE:

The Parties agreed to the following statement of the issue before the Arbitrator:

Is the underlying grievance not arbitrable by reason of its' date of filing? If the grievance is arbitrable, did the Service have just cause to issue M. Wilson [Grievant], the Notice of Removal dated March 24, 2004 [Notice/ Removal/ Notice of Removal]? If not, what shall be the appropriate remedy?

¹ Collins, H4C-4B-C 4753, (1987)

OPINION

STATEMENT OF PROCEEDINGS:

The Union, in accordance with the Parties' National Agreement [Agreement], appealed the above captioned matter to arbitration. The undersigned was designated as the Arbitrator to hear and decide the matter. The Arbitrator held a hearing on and at the previously captioned date and location. The Parties' representatives appeared and the Arbitrator provided them with a full and fair opportunity to be heard, to present evidence and argument, and to examine and cross examine witnesses.

The Service requested that the question of the arbitrability of the underlying grievance be separated from the merits of the grievance. The Union did not object to this request.¹ The Parties requested the Arbitrator hear the entire matter but address the issue of arbitrability first and only address the merits of the grievance, if he found the matter arbitrable.

The Service called C. Van Istendal and L. Drummer as its witnesses. The Union called M.G. Wilson [Grievant] as its witnesses.

ISSUE:

The Parties agreed to the following statement of the issue before the Arbitrator:

Is the underlying grievance not arbitrable by reason of its' date of filing? If the grievance is arbitrable, did the Service have just cause to issue M. Wilson [Grievant], the Notice of Removal dated March 24, 2004 [Notice/ Removal/ Notice of Removal]? If not, what shall be the appropriate remedy?

¹ Collins, H4C-4B-C 4753, (1987)

FACTS:

The events regarding this matter were described in the testimony of the Parties' witnesses and in the documentary evidence offered by the Parties. Based upon his review of that evidence, including his personal observation of the witnesses during their testimony, the Arbitrator determines that the preponderance of that evidence supports the following findings of fact.

1. M.G. Wilson [Grievant], at times relevant to this matter, was a postal employee assigned to a Clerk position on Tour 2 at the Wilmington, DE P&DC [Facility]. At the time of the Hearing, the Grievant had been employed by the Service for approximately 19 years. During her postal employment, she served the Union as a Shop Steward and in that capacity had represented other employees at pre-discipline interviews prior to March 10, 2004.

At all times relevant to this matter, the Grievant's official residential address was the one used by the Service when notifying her of the Notice of Removal. Prior to the events at issue in the instant grievance, the Grievant had received mail, including certified mail, at this address.

The Grievant suffers from asthma, a condition which made her eligible for Family Medical Leave and provided her with protection for related absences.

On or about October 20, 2003, the Grievant commenced part-time employment at Boscov's, a department store located near the Facility. The work hours of this part-time employment were outside her postal work hours.

2. March 10, 2004: L. Drummer [Disciplining Supervisor] held a pre-discipline Interview or Day in Court procedure regarding the anticipated Removal of the Grievant from her postal employment. The interview was attended by C. Van Istendal [Concurring Official]. The Grievant was represented by Pat McLaughlin, a Union representative. Subsequent to the pre-

A-000046

discipline interview, the Grievant was relieved of her postal identification badge and escorted from the Facility.

3. March 13, 2004: The Disciplining Supervisor responded to an inquiry from the Grievant and indicated that her decision to Remove the Grievant from her postal employment was based upon the Disciplining Supervisor's personal investigation of the charged incidents.
4. March 24, 2004: The Service, in the person of L. Drummer [Disciplining Supervisor] with the concurrence of C. Van Istendal, issued the Grievant a Notice of Removal dated March 24, 2004 [Notice / Removal]. The first paragraph of the Notice of Removal stated that it would be effective 30 days from the Grievant's receipt of the Notice. On the same day, the Service sent the Notice of Removal by regular First Class and Certified Mail to the Grievant's residential address. The Service requested proof of delivery of the First Class mailing.
5. March 30, 2004: The Letter Carrier assigned to the postal delivery route servicing the Grievant's residence, notified the Service's Labor Relations Department that he delivered the First Class mail to the Grievant's resident address and simultaneously left notice of attempted delivery of the Certified Mailing on this date. (Sr-#1, 2)
6. April 1, 2004: The Service's Equal Employment Opportunity [EEO] Office sent the Grievant an "Information for Pre-Complaint Counseling" form. The Information Request was the result of the Grievant's contact with the EEO Office on March 31, 2004.
7. April 6, 2004: The Grievant, who testified that she had not been at her residential address between March 26, 2004 and April 6, 2004 for personal reasons, signed for the Certified Mail piece containing the Notice of Removal. She further

testified that this was the first notification she received of the Notice of Removal and that she immediately contacted the Union and provided the Union with a written statement regarding the charges upon which the Removal was based.

8. April 10, 2004: The Grievant responded to the EEO Office's Information request on this date and indicated that she had been removed from her postal employment on March 31, 2004 and had filed a grievance contesting the Removal on April 6, 2006. (Sr-#3)
9. April 16, 2004: The Union initiated the underlying grievance challenging the contractual appropriateness of the Notice of Removal at a Step One meeting on this date. The Service denied the grievance on its merits.
10. April 19, 2004: On an undated Step 2 Appeal form, the Union appealed the underlying grievance contesting the contractual appropriateness of the Notice of Removal to Step 2 of the grievance procedure. The Form was stamped as received by the Service's Labor Relations Department on April 19, 2004.
11. April 23, 2004: A Step 2 meeting regarding the grievance took place between the Service, in the person of A. Keen, and the Union, in the person of C. Stinson.
12. April 27, 2004: The Service, in the person of Keen, notified the Union, in the person of Stinson, that the grievance was denied. The Service asserted that the grounds of the denial was the untimeliness of the grievance. The Service also denied the grievance on its merits.
13. May 4, 2004: The Union appealed the Service's denial of the grievance to Step 3 and to arbitration.

POSITIONS OF THE PARTIES:

United States Postal Service [Service]

Procedural Arbitrability:

The Service maintained that the instant matter is not arbitrable by reason of the Grievant/Union's failure to file the grievance within the fourteen day time limit established by Section 15.2. Step One of the Agreement's grievance procedure. The Service asserted that it perfected this challenge to the grievance's arbitrability in its Step 2 denial of the grievance, as required by Section 15.4.B of the Agreement.² The Service further asserted that the Grievant/Union had waived the grievance pursuant to the provisions of Section 15.4.B of the Agreement. Finally, the Service asserted that the Arbitrator, by operation of Section 15.5.A.6 of the Agreement, cannot alter or amend the provisions of Section 15.2 or 15.4 of the Agreement and must find the grievance not arbitrable.

Substantive Merits of the Grievance:

The Service maintained that it had just cause to issue the Grievant the contested Notice of Removal; in that, the Removal (a) was issued subsequent to the Service's investigation of the charge, including a proper pre-discipline interview of the Grievant, (b) was based upon a proven charge of the Grievant's Improper Conduct by reason of her mis-use of sick leave (c) was consistent with the proven charge and the Grievant's employment record and (d) was issued in accordance with procedures sanctioned or required by the Agreement and the Just Cause Standard.

Based upon these factual assertions and contractual contentions, the Service requested the Arbitrator deny the grievance.

² Aaron, HBT-5C-C 12360, (1982)

American Postal Workers Union, AFL-CIO [Union]

Procedural Arbitrability:

The Union maintained that the grievance was arbitrable. The Union maintained that the Service had the burden of establishing the basis of its claim that the grievance was not arbitrable and has failed to meet that burden. Affirmatively, the Union maintained that the grievance, which was filed on April 16, 2004, was initiated timely. Specifically, the Union argued that the tolling of the time period for initiating the grievance commenced on April 6, 2004, the date on which the Grievant reasonably could have been expected to learn of the Service's issuance of the contested Removal. The Union requested the Arbitrator find the grievance arbitrable.

Substantive Merits of the Grievance:

The Union maintained that the Service did not have just cause to issue the contested Removal to the Grievant; in that, the Removal (a) was excessive, therefore, not corrective in nature, (b) was untimely, therefore, procedurally defective, (c) was issued without a proper pre-discipline investigation, therefore, procedurally defective and arbitrary in nature and (d) was issued without a proper pre-discipline interview of the Grievant and without a proper concurrence by a higher authority, therefore, failed to comply with procedures mandated by the Agreement.

Based upon these factual assertions and contractual contentions, the Union requested the Arbitrator sustain the grievance and award the Grievant reinstatement to her postal employment and full restitution of all wages and benefits lost by her as a result of the contested Removal.

DISCUSSION:

Section 15.2. Step 1 (a) of the Agreement, in parts relevant to this matter, provides the following:

"Any employee who feels aggrieved must discuss the grievance with the employee's immediate supervisor within fourteen (14) days of the date on which the employee or the Union first learned or may reasonably have been expected to have learned of its cause."

Section 15.4.B of the Agreement, in parts relevant to this matter, provides the following:

"The failure of the employee or the Union in Step 1 or the Union thereafter to meet the prescribed time limits of the Steps of this procedure, including arbitration, shall be considered a waiver of the grievance. However, if the Employer fails to raise the issue of timeliness at Step 2 or at the step at which the employee or Union failed to meet the prescribed time limits, whichever is later, such objection to the processing of the grievance is waived."

The Service, as the party relying on the non-arbitrability claim based upon the untimeliness of the grievance's initiation, must bear the burden of establishing the contractual and factual basis of that claim. If the Service establishes its prima facie case on this issue, the burden of proof and persuasion shifts to the Union to rebut the Service's prima facie evidence or to establish circumstances which would excuse or justify the late filing of a grievance.

The Service maintained that the provisions of Article 15 of the Agreement [Article 15] mandate that a grievance be filed within fourteen days of the Grievant's or the Union's first knowledge of the incident grieved, in the instant matter the Service's Removal of the Grievant from her postal employment. The Service argued that this requirement was absolute and no exceptions could be made to the mandate without altering the Agreement. The Arbitrator cannot agree.

There is arbitral discussion, even in the cases cited to the Arbitrator by the Service, which imply that, if the Grievant was physically, psychologically or emotionally incapable of understanding the significance of a Notice of Removal or was prevented from receiving or reacting to a Notice of Removal, the tolling of the time limits of Section 15.2 would not commence until the impediments to the Grievant's action were removed.

The Arbitrator determines that the evidence in this matter establishes that the Service mailed the Notice of Removal to the Grievant's residential address of record. This mailing was accomplished by First Class and Certified Mail.

Such a proper mailing of the First Class mail piece creates a rebuttable presumption that the item mailed was delivered and received by the addressee.³ This presumption may be rebutted by evidence establishing that the sender used an incorrect address when mailing the item or that the mailed piece was returned to the sender. The evidentiary record of this matter contains no such evidence.

Conversely, the documentary evidence established that the First Class mailing was delivered to the Grievant's resident address of record on March 30, 2004. The Arbitrator further determines that the preponderance of documentary evidence and credible testimony establish that the Grievant actually received the Notice of Removal contained in the First Class mailing on or before March 31, 2004.

Based upon these findings, the Arbitrator determines that the tolling of the fourteen day period during which the Grievant or the Union had to initiate a grievance challenging the contractual appropriateness of the Notice of Removal commenced on March 31,

³ See Liacos, Paul J. Handbook of Massachusetts Evidence, 5th ed Little Brown and Company, Boston, MA (1981) at page 52 for discussion and cited cases.

2004 and ended no later than April 14, 2004. The underlying grievance in this matter was initiated on April 16, 2004.

The Arbitrator determines that the evidentiary record does not contain sufficient evidence to warrant a finding that the Grievant was physically, mentally or emotionally incapacitated or impaired to the extent that she could not understand the significance of the Notice of Removal or could not initiate a grievance challenging its contractual appropriateness during the period between March 31, 2004 and April 14, 2004. The Arbitrator further determines that there is no evidence that the Parties agreed to extend the time for filing of the underlying grievance; conversely, the evidence supports the finding that the Service properly raised the question of the timeliness of the grievance and perfected this objection to the grievance as required by Section 15.4.B of the Agreement.

The Arbitrator recognizes the premise that a grievance must be presumed arbitrable and he is reluctant to dismiss a grievance on technical grounds, as contrasted with addressing the Parties' substantive contentions regarding the dispute. The Arbitrator, however, also recognizes his obligation to apply the Agreement in accordance with the Parties' intent as expressed by the unambiguous language used by them to express their accord on this issue.

In consideration of these findings regarding the non-arbitrability of the underlying grievance, the Arbitrator determines that the proper disposition of this grievance does not require him to address the substantive contentions regarding the question of whether or not the Service had just cause to issue the Grievant the contested Notice of Removal. The Arbitrator, consequently, makes no finding, determination or ruling regarding the validity of the Parties' contention on this issue.

Based upon the findings and reasoning set forth in this Opinion, the Arbitrator makes the attached Award.

APPEAL FORM

12 DETAILED STATEMENT OF FACTS/CONTENTIONS OF THE GRIEVANT

The Union contends that Mgmt. is in violation of the Nat'l Agreement, including, but not limited to Arts. 12, 13, 19, 37, and the S.M.O.U. The Union became aware of this issue Thursday, 06-20-02. Grievant sustained an injury approx. 10 yrs. ago. She has been on limited since the mishap.

RECEIVED
LABOR RELATIONS

RECEIVED
LABOR RELATIONS
JUL 12 2002
U.S. POSTAL SERVICE
WILMINGTON, DE 19850-9401

FEDERAL BUREAU OF INVESTIGATION
 DEPOSITION
 EXHIBIT
 Wilson
 10-7-05

List of attached papers as identified

13 CORRECTIVE ACTION REQUESTED That grievant, Melinda Wilson, be made whole in every way, including the 4 hrs. denied her on 06-18-02. She ~~has~~ be re-imburshed any lost sick ^{leave} ~~time~~ and annual leave due to her taking LWOP.

Charles J. Hemby
SIGNATURE & TITLE OF AUTHORIZED

SIGNATURE & TITLE OF AUTHORIZED UNION REP.

A-000054

PRE-ARB SETTLEMENT AGREEMENT

OFFICE:

Name: C00C-1C-C02188086 DIST081
Issue: 12-JUL-02 CL51402
Union Grievance #: WILSON
Management #: WILMINGTON DE 19850 9993

As a result of our discussion of this date, it is hereby mutually agreed that the above referenced grievance is resolved in accordance with the following:

To resolve this grievance, grievant shall receive \$50.00.

The above-cited language represents full and final settlement of the above-referenced grievance. This agreement is full and final settlement of the grievance and will not be appealed any further. It is mutually agreed that this settlement agreement is not to be cited as precedent by either party in any future grievance or arbitration case.

We have carefully read the above and fully agree this grievance is considered fully settled.

Jonathan D. Gale 5/11/04
Labor Relations Date

Mozett Stance 5/11/04
Union Representative Date

cc: Labor Relations
File

A-000055

1 DISCIPLINE (NATURE OF) OR CONTRACT (ISSUE)	2 CRAFT	3 DATE	4 LOCAL GRIEVANCE	5 USPS GRIEVANCE
Art 11 Holiday	Per K	12/27/02	CL 35322	03078178
6 TO USPS STEP 2 DESIGNEE (NAME & TITLE)	7 INSTALLATION/SEC. CONC./BMC	8 PHONE		
DEBBIE KELLEY-BROWN, ELK R	Delaware Processing DIST. CTR	323-2241		
9 FROM: LOCAL UNION (NAME OF)	10 ADDRESS	11 CITY	12 STATE	13 ZIP
MALCOLM T SMITH AREA LEXAL	PO Box 311	New Castle	DE	19720
14 STEP 1 AUTHORIZED UNION REP. - (NAME & TITLE)	15 AREA CODE	16 PHONE (OFFICE)	17 AREA CODE	18 PHONE (OTHER)
Barbara Prothro, Trustee	(302)	323-0211	(302)	323-0211
19 LOCAL UNION PRESIDENT	20 AREA CODE	21 PHONE (OFFICE)	22 AREA CODE	23 PHONE (OTHER)
Barbara Prothro, Trustee	(302)	322-8994	(302)	322-8994

24 WHERE - WHEN	25 STEP 1 MEETING & DECISION	26 MET WITH
UNIT/SEC/BR/STA/OFCE	DATE/TIME	USPS REP. - SUPR
6		

27 STEP 1 DECISION BY (NAME & TITLE)	28 DATE & TIME	29 INITIALS	30 INITIALING ONLY
Linda Drummer SOD	1-103 10:37 AM	20	VERIFIED <input checked="" type="checkbox"/>
31 GRIEVANT PERSON OR UNION (LAST, FIRST, MIDDLE)	32 ADDRESS	33 CITY	34 STATE

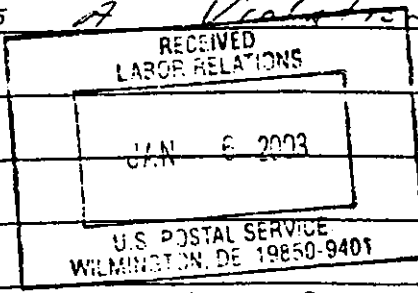
35 SOCIAL SEC. NO.	36 SERVICE SENIORITY CRAFT/PTA-PTA-PTA	37 LEVEL	38 STEP	39 DUTY MRS	40 OFF DAYS
121522808	4-85 Mailproc	5	0	9:00-1500	SA 60(M) T W T F

41 JOB/PAY LOCATION (UNIT/SEC/BR/STA/OFCE)	42 WORK LOCATION CITY AND ZIP CODE	43 LIFETIME SECURITY	44 VETERAN
215	Wilm DE PEDC 19850	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

45 Pursuant to Article 13 of the National Agreement we hereby appeal to Step 2 the following Grievance alleging a Violation of (but not limited to) the following: NATIONAL, (Art. Sec.)
LOCAL MEMO (ART/SEC) OTHER: MANUALS, POLICIES, LHM MINUTES, ETC.

46 Art 11 Local Item 13
47 DETAILED STATEMENT OF FACTS/CONTENTIONS OF THE GRIEVANT

Grievant volunteered to work her holiday Dec. 25, 2002 But was not allowed. while other Junior employees were allowed to work. This is a violation of CBA.



List of attached papers as identified

48 13 CORRECTIVE ACTION REQUESTED	49 Grievant Be made whole And PAID Time And one half For 8 hrs For Time missed on Dec 25, 2002 Plus 30% AS A corrective Action.
-----------------------------------	---

SIGNATURE OF THE GRIEVANT

A-000056

PRE-ARBITRATION SETTLEMENT		
DATE: <u>December 16</u> <u>September 24</u> , 2003	OFFICE: <u>WILSON DEL</u>	
REGIONAL NO: <u>C60 CICC 03070178</u>	GRIEVANT: <u>WILSON</u>	LOCAL NO. <u>CL 255302</u>
UNION REPRESENTATIVE: <u>Jim Burke</u>	MANAGEMENT REPRESENTATIVE: <u>Steve Malizia</u>	

As a result of our discussion on this date, it is mutually agreed that the above cited grievance is resolved in accordance with the following:

Amount will be paid (\$) hours at O.T. rate

By virtue of this full and final settlement agreement, this document shall also serve as the union's official notification to management that it is withdrawing this case from the grievance arbitration process. Additionally, both parties agreed that this settlement is non-precedent setting and will not be cited by either in any subsequent grievance or arbitration hearing.

Jim Burke
Union Representative (Date)

Jim Burke, Coordinator
Eastern Region
American Postal Workers Union

Steve Malizia 12/16/03.
Management Representative (Date)

Steve Malizia
Eastern Area Labor Relations
United States Postal Service

A000057

1 DISCIPLINE NATURE OF OR CONTRACT ISSUE	CRAFT	DATE	LOCAL GRIEVANCE	USPS GRIEVANCE
ART 11 Holiday 30	Clerk	1/12/03	042230103	03678179
2 TO USPS STEP 2 DESIGNEE (NAME & TITLE)	INSTALLATION/SEC. GEN./BMC	PHONE		
DEBBIE KELLEY-BROWN, ELK R	Delaware Processing Dist. CTR	323-2241		
3 FROM: LOCAL UNION (NAME OF)	ADDRESS	CITY	STATE	ZIP
MALCOLM T SMITH AREA LOCAL	PO BOX 311	New Castle	DE	19720
4 STEP 2 AUTHORIZED UNION REP. (NAME & TITLE)	AREA CODE	PHONE (OFFICE)	AREA CODE	PHONE (OTHER)
Barbara Prothro, Trustee	(302)	323-0211	(302)	323-0211
5 LOCAL UNION PRESIDENT	AREA CODE	PHONE (OFFICE)	AREA CODE	PHONE (OTHER)
Barbara Prothro, Trustee	(302)	322-8994	(302)	322-8994

WHERE - WHEN

STEP 1 MEETING & DECISION

MET WITH

6 UNIT/SEC. BR. STAFF OFF	DATE/TIME	USPS REP. - SUPN	GRIEVANT AND/OR STEWARD
---------------------------	-----------	------------------	-------------------------

7 STEP 1 DECISION BY (NAME & TITLE)	DATE & TIME	INITIALS	INITIALING ONLY VERIFIES DATE OF DECISION
Linda Drummie, SDO	1/4/03 10:39 AM	LD	Revised

8 GRIEVANT PERSON OR UNION (NAME & TITLE)	ADDRESS	CITY	STATE	PHONE
---	---------	------	-------	-------

Wilson Melinda	28 Ashley Dr	New Castle	DE	19720 3954854
----------------	--------------	------------	----	---------------

9 SOCIAL SEC. NO.	SERVICE SENIORITY CRAFT	PTR - PTR - PTR	LEVEL	STEP	DUTY HRS	OFF DAYS
-------------------	-------------------------	-----------------	-------	------	----------	----------

221522808	4-185	11PC	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5	0	930-1800
-----------	-------	------	---	---	---	----------

10 JOB PAY LOCATION (UNIT/SEC. BR. STAFF OFF)	WORK LOCATION CITY AND ZIP CODE	LIFETIME SECURITY	VETERAN
---	---------------------------------	-------------------	---------

215	DE PDC 19850	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----	--------------	---	---

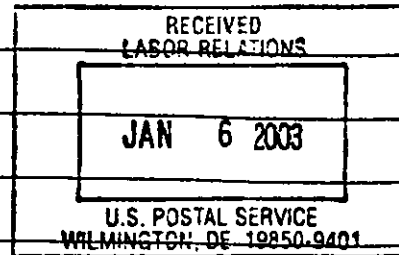
11 Pursuant to Article 15 of the National Agreement we hereby appeal to Step 2 the following Grievance alleging a Violation of (but not limited to) the following: NATIONAL (Art/Sec.)	ART 11, 30, LMOU If not
--	-------------------------

LOCAL MEMO (ART/SEC.) OTHER MANUALS, POLICIES, LHM MINUTES, ETC.

13

12 DETAILED STATEMENT OF FACTS/CONTENTIONS OF THE GRIEVANT

Grievant Volunteered to work her holiday 1/1/03 and was not allowed to work. Management allowed Junior Employees to work the union contends this violates the CBA art 11, 30 and the LMOU.



List of attached papers as identified

13 CORRECTIVE ACTION REQUESTED

Grievant Be made whole in every way and Be Paid 8 hrs straight Time plus 50% as a corrective action.

A000058

[Signature]
 SIGNATURE OF THE GRIEVANT OR STEWARD

PRE-ARBITRATION SETTLEMENT		
DATE: DEC 16, 2003 September 24, 2003		OFFICE: WILM DEL
REGIONAL NO: 00011603078179	GRIEVANT: WILSON	LOCAL NO. CL230107
UNION REPRESENTATIVE: Jim Burke	MANAGEMENT REPRESENTATIVE: Steve Malizia	

As a result of our discussion on this date, it is mutually agreed that the above cited grievance is resolved in accordance with the following:

Amount will be paid (\$7) hours at straight time rate

By virtue of this full and final settlement agreement, this document shall also serve as the union's official notification to management that it is withdrawing this case from the grievance arbitration process. Additionally, both parties agreed that this settlement is non-precedent setting and will not be cited by either in any subsequent grievance or arbitration hearing.

Jim Burke
Union Representative (Date)
Jim Burke, Coordinator
Eastern Region
American Postal Workers Union

Steve Malizia 12/16/03
Management Representative (Date)
Steve Malizia
Eastern Area Labor Relations
United States Postal Service

A000059

1 DISCIPLINE (NATURE OF) OR CONTRACT ISSUE	ART 11.6	CRAFT	CLERK	DATE	2/27/04	LOCAL GRIEVANCE #	CL230304	USPS GRIEVANCE #	
2 TO USPS STEP 2 DESIGNEE (NAME & TITLE)	D.K. Brown	INSTALLATION/SEC. CEN./BMC	D.P.	CITY	DC	STATE	19850	PHONE	
3 FROM: LOCAL UNION (NAME OF)	MTS/APWU	ADDRESS	P.O. Box 311	CITY	New Castle	STATE	DE	ZIP	19720
4 STEP 2 AUTHORIZED UNION REP. (NAME & TITLE)	Courtland Stinson	AREA CODE	PHONE (OFFICE)	AREA CODE	PHONE (OFFICE)	AREA CODE	PHONE (OTHER)	AREA CODE	PHONE (OTHER)
5 LOCAL UNION PRESIDENT	Steve Collins	(302) 323-0211	(302) 322-8994	(302) 323-0211	(302) 322-8994	(302) 323-0211	(302) 322-8994	(302) 323-0211	(302) 322-8994

WHERE - WHEN		STEP 1 MEETING & DECISION				MET WITH	
6 UNIT/SEC/BR/STA/OFC	DATE/TIME	USPS REP. - SUPR		GRIEVANT AND/OR STEWARD			
MANUALS				Wilson / McLaughlin			
STEP 1 DECISION BY (NAME & TITLE)		DATE & TIME		INITIALS		INITIALING ONLY	
						VERIFIES	
8 GRIEVANT PERSON OR UNION (Last Name First)		ADDRESS		CITY		STATE	
Wilson, Melinda G.		28 Ashby Dr		New Castle		DE	
9 SOCIAL SEC. NO.	SERVICE SENIORITY CRAFT	FTR - PTR - PTF	LEVEL	STEP	DUTY HRS	OFF DAYS	
2808	4-8.5	CLERK		5	0	7-330	
10 JOSS/PAY LOCATION (UNIT/SEC/BR/STA/OFC)	WORK LOCATION CITY AND ZIP CODE		SA		LIFETIME SECURITY		
215	WCLM, 19850		SA		LIFETIME SECURITY		
11 Pursuant to Article 15 of the National Agreement we hereby appeal to Step 2 the following Grievance alleging a Violation of (but not limited to) the following: NATIONAL, (Art./Sec.)							
LOCAL MEMO (ART/SEC.) OTHER MANUALS, POLICIES, L/M MINUTES, ETC.							

2 DETAILED STATEMENT OF FACTS/CONTENTIONS OF THE GRIEVANT

It is the Unions Contention That management Improperly Scheduled For The Holiday of 2/16/04 Presidents Day. Grievant Volunteered To work her holiday and now scheduled Day But was not Put on the list. Instead management worked Pat King in Grievants Section 043, 045, 030

of attached papers as identified
 3 CORRECTIVE ACTION REQUESTED
 Grievant be made whole in every way Be paid 8 hrs holiday and 2 hours Time and one half
 A-0000060

Tatiana [Signature]

STEP II SETTLEMENT

UNION:

STEP II DESIGNEE:

C00C-1C-C04089930 DIST081
05-MAR-04 CL230304

MANAGEMENT DESIGNEE:

WILSON
WILMINGTON DE 19850 9997

GRIEVANT:

GRIEVANCE NO:

DATE OF DECISION:

As a result of our discussion this date, it is mutually agreed that the above-cited grievance is resolved, in accordance with the following:

The grievant's non-scheduled ^{days} are Sunday/Monday ^{holiday} ~~the~~ was Saturday 2/14/04. The clerk King's holiday was Monday 2/16/04 with non-scheduled days of Tuesday/Wednesday. Management is not obligated to schedule the grievant for overtime on 2/16/04.

Both parties agree that this settlement is non-precedent setting and will not be cited, by either, in any subsequent grievance or arbitration hearing.

Sh. Kelley Brown 3/18/04
MANAGEMENT SIGNATURE

C. J. Wilson
UNION REPRESENTATIVE

3/18/04

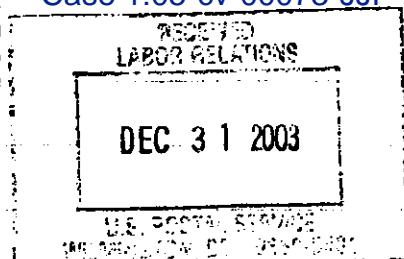
cc:	X Plant Manager	X Union
	X Managers, Distribution Operations 1, 2 & 3	X Grievance File
	X Labor Relations	X Personnel

This letter is official notification for you to implement the terms of this settlement agreement, as indicated above:

PSDS Supervisor
PS Form # 2243 attached

X Step I Supervisor

A-0000061



12/29/03

1:56 pm

On December 23, 2003, I Melinda G. Wilson, was called into the MDO office to see Carla Van Stendal. My shop steward was Leon Tucker. Carla informed me that my limited duty was denied and she would not accommodate me with light duty.

I injured myself at work on 1/5/95 with an accepted claim # of 030205375. After this date I had a recurrence on 10/4/02 and put the wrong DOI on my forms. Therefore I was given a new claim # of 030211732 which in fact was denied. Still I was offered a job on 12/4/02 by Linda Drummer my SDO and Shared Services. I accepted this job. Yet on 12/23/03 Carla Van Stendal is saying the job offer is now void and that I had to leave the premises and not return unless I was back to full duty. ^{I have been in this job since 10/4/02.}

I want to be paid from Dec 23, 2003 from the time management ended my tour until I am allowed to return to work.

Melinda Wilson
MEINDA G. WILSON
22152 2808

A-000062

33-0000 1984

1 DISCIPLINE (NATURE OF) OR CONTRACT (ISSUE)	TEAM	CRAFT	DATE	LOCAL GRIEVANCE	USPS GRIEVANCE
On 12-23-03, 8, 11, 15, 17, 19, 31, 37, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000	CLERK			#CL 16-22-03	#
2 TO USPS STEP 2 DESIGNEE (NAME & TITLE)	INSTALLATION/SEC. GEN./BMC				PHONE
3 FROM: LOCAL UNION (NAME OF)	ADDRESS	CITY	STATE	ZIP	
4 STEP 2 AUTHORIZED UNION REP. (NAME & TITLE)	AREA CODE	PHONE (OFFICE)	AREA CODE	PHONE (OTHER)	
5 LOCAL UNION PRESIDENT	AREA CODE	PHONE (OFFICE)	AREA CODE	PHONE (OTHER)	

WHERE - WHEN

STEP 1 MEETING & DECISION

MET WITH

6 UNIT/SEC/BR/STA/OFC	DATE/TIME	USPS REP. - SUPR	GRIEVANT AND/OR STEWARD
		Linda Drummer	Wilson/Stinson
7 STEP 1 DECISION BY (NAME & TITLE)	DATE & TIME	INITIALS	INITIALING ONLY
Carla M. VanTendal	MDO 12/31/03 13:34		VERIFIES DATE OF DECISION
8 GRIEVANT PERSON OR UNION (Last Name First)	ADDRESS	CITY	STATE
Wilson, Melinda G.	28 Ashley Dr	New Castle, DE	19720
9 SOCIAL SEC. NO.	SERVICE SENIORITY CRAFT	FTR - PTR - PTF	LEVEL
2808	4/85		5
10 JOB# / PAY LOCATION (UNIT/SEC/BR/STA/OFC)	WORK LOCATION CITY AND ZIP CODE	LIFETIME SECURITY	VETERAN
215	Willm DE PDC 19850	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
11 Pursuant to Article 15 of the National Agreement we hereby appeal to Step 2 the following Grievance alleging a Violation of (but not limited to) the following: NATIONAL, (Art./Sec.)			
LOCAL MEMO (ART./SEC.) OTHER MANUALS, POLICIES, L/M MINUTES, ETC.			

12 DETAILED STATEMENT OF FACTS/CONTENTIONS OF THE GRIEVANT

On 12-23-03, Ms Wilson was called into the MDO's office to see MDO C. VanTendal. Present in room were Steward Leonard Tucker for Ms Wilson. Ms VanTendal informed Ms Wilson that her limited duty claim was denied and VanTendal would not accommodate Ms Wilson with light duty. On 1-5-95, Ms Wilson injured herself on the job and was given an accepted claim # 030205375. After this date, Ms Wilson (see attached)

List of attached papers as identified

13 CORRECTIVE ACTION REQUESTED

Mgmt. will pay Ms. Wilson for "All" loss hours of work and benefits from Ms Wilson's employment on 12-23-03, until Ms Wilson's return to work on 1-2. Payment Wilson to be made whole in every way.

SIGNATURE & TITLE OF AUTHORIZED UNION REP.

A-000063

CL 16-22 -03

Background: Had a recurrence on the job injury on 10-4-02 and she placed the wrong date of injury on her claim forms.

Therefore, Ms Wilson was given a new claims # of 030211732.

This claim # was also denied.

However, Ms Wilson was offered a job offer of accommodation for her on the job injury on 12-4-02, by Ms Wilson's immediate SBO - Linda Brunner and Shared Services.

Ms Wilson did accept the job offer of accommodation.

A year later on 12-23-03, MDO Carla Van Istendael informed Ms Wilson in the presence of shop steward Ron Tucker that the job offer that Ms Wilson had accepted one year before and was currently working was now null and void.

On 12-23-03, Ms Wilson was ordered by Ms Van Istendael to leave the premises of the

A-0000064

CL-16-22 -03

Background: Quigley Blvd postal facility and Not the return unless Mrs Wilson was returning back to full duty status.

The Union strongly contended that mgmt. was in direct violation of articles 13, 2, 5, 8, 11, 15, 17, 19, 31, 37, DCAM, ELM, LMO4.

When mgmt. outright denied Mrs Wilson the right to apply for light duty accommodations on 12-23-03.

Mgmt. as of 12-23-03, did Not Allow Mrs Wilson to exercise her basic right to apply for light duty accommodations.

On 12-23-03, when Ms Van Der-
-tendal informed Mrs Wilson
that she would Not accommo-
-date Mrs Wilson with light
duty. It was at that time
before that Ms Van Derendal
failed to establish ANY NEXUS
to Miss Wilson or Mr. Tucker
in the form of documentation
in order of Mrs Wilson off postal
premises/clock.

A-000065

The Union also contends at step II that mgmt. allowed Ms Wilson to work their job offer to Ms Wilson of reasonable accommodations for over a one year period before Ms. Van Stengel informed Ms. Wilson that her accommodation was null and void on 12-23-03.

A-000066

1 DISCIPLINE (NATURE OF OR CONTRACT ISSUE)	CRAFT	DATE	LOCAL GRIEVANCE	USPS GRIEVANCE
Art 16.19	Clerk	2/21/04	#C2230204	#04084651
2 TO USPS STEP 2 DESIGNEE (NAME & TITLE)	INSTALLATION/SEC. CEN./BMC	PHONE		
D.K. Brown	D.P. DC	19850		
3 FROM: LOCAL UNION (NAME OF)	ADDRESS	CITY	STATE	ZIP
MTS/APWU	P.O. Box 311	New Castle	DE	19720
4 STEP 2 AUTHORIZED UNION REP. - (NAME & TITLE)	AREA CODE	PHONE (OFFICE)	AREA CODE	PHONE (OTHER)
Courtland Stinson	(302)	323-0211	(302)	322-8994
5 LOCAL UNION PRESIDENT	AREA CODE	PHONE (OFFICE)	AREA CODE	PHONE (OTHER)
Steve Collins	(302)	323-0211	(302)	322-8994

WHERE - WHEN

STEP 1 MEETING & DECISION

MET WITH

6 UNIT/SEC/BR/STA/OFC	DATE/TIME	USPS REP. - SUPR	GRIEVANT AND/OR STEWARD
7 STEP 1 DECISION BY (NAME & TITLE)	DATE & TIME	INITIALS	INITIALING ONLY VERIFIES DATE OF DECISION
8 GRIEVANT PERSON OR UNION (List Name/USU)	ADDRESS	CITY	STATE
Wilson McInnis	28 Ashley Dr	Newcastle	DE
9 SOCIAL SEC. NO.	SERVICE SENIORITY	CRAFT	FTR - PTR - PTF
2808	4-55	Clerk	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		LEVEL	STEP
		5	0
		DUTY HRS	OFF DAYS
		7-330	SA SU M T W T F
10 JOB/PAY LOCATION (UNIT/SEC/BR/STA/OFC)	WORK LOCATION	CITY	ZIP CODE
215	DE	DE	19850
11 Pursuant to Article 15 of the National Agreement we hereby appeal to Step 2 following Grievance alleging a Violation of (but not limited to) the following: NATIONAL, (Art./Sec.)			
LOCAL MEMO (ART/SEC.) OTHER MANUALS, POLICIES, L/M MINUTES, ETC.			
221-52-2808			
12 DETAILED STATEMENT OF FACTS/CONTENTIONS OF THE GRIEVANT			

The Union Became Aware That management WAS going To charge Grievant with AWOL For The period of 12/27/03 Thru 2/2/04. It is the Union's Contention That since the Grievant was Following management Instructions The Time period in Question Should Be Administrative Leave. Employee Should not Be charged AWOL for Following Instructions.

List of attached papers as identified

13 CORRECTIVE ACTION REQUESTED

Employee Be made whole, paid Admin leave for LWOP Hours in Question Reccredited Sick & Annual all Records Reflect Admin leave NOT AWOL

SIGNATURE & TITLE OF AUTHORIZED UNION REP.

Patricia McInnis

Request for or Notification of Absence



Employee's Name (Last, First, M.I.)

Wilson, Melinda G

Social Security No.

22 622808

Date Submitted

11/5/03

No. of Hours Requested

2

Installation (For PM leave, show city, state, and ZIP code)

Wilmington, DE 19850

NYS Day

Pay Loc. #

215

D/A Code

110

From Date

11-5

Hour

1300

Time of Call or Request

Scheduled Reporting Time

17.00

Employee Can Be Reached At: (If needed)

☐ No Call

Thru Date

11-5

Hour

1550

Type of Absence

☐ Annual☐ Carrier 701 Rule☐ LWOP (See reverse)☒ Sick (See reverse)☐ Late☐ COP☒ Other: FMLA

Documentation (For official use only)

☒ For FMLA Leave (Certification reviewed) **OK**☐ For COP Leave (CA1 on file)☐ For Advanced Sick Leave (1221 on file)☐ For Military Leave (Orders reviewed)☐ For Court Leave (Summons reviewed)☐ For Higher Level (1723 on file)☐ Scheme Training Testing, Qualifying (Memo on file)

Revised Schedule for (Date)

Approved in Advance

☐ Yes ☐ No

Begin Work

Lunch-Out

Lunch-In

End Work

Total Hours

ENTERED
ERMS

Remarks (Do not enter medical information)

NO LUNCH

I understand that the annual leave authorized in excess of amount available to me during the leave year will be changed to LWOP.

Employee's Signature and Date

Melinda G. Wilson 11/5/03

Signature of Person Recording Absence and Date

[Signature] 11/5/03

Signature of Supervisor and Date Notified

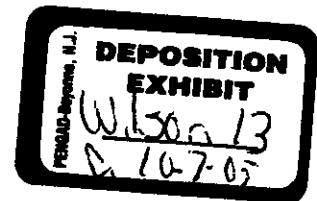
[Signature] 11/5/03

Official Action on Application (Return copy of signed request to employee)

☐ Approved, not FMLA*☒ Approved, FMLA
(See Publication 71)☐ Approved FMLA, Pending
Documentation Noted on Reverse☐ Disapproved (Give reason):☐ Ineligible for FMLA (Estimate eligibility date):☐ Continued on Reverse

PS Form 3971, April 2001 (Page 1 of 2)

Warning: The furnishing of false information on this form may result in a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)



A 000068

511

Employee's Name (Last, first, M.I.) WILSON, MELINDA G Social Security No. 22-723808 Date Submitted 12/05/2003 No. of Hours Requested 2003 Case 1:05-cv-00073-JJF Document 34-3 Filed 02/23/2006 Page 27 of 48

Installation (For PM leave, show city, state and ZIP code) 09-6821 - DELAWARE P&DF N/S Day Pay Loc. # 215 D/A Code 11-0 From Date 12/05/2003 Hour 07:00

Time of Call or Request 06:09 Scheduled Reporting Time 07:00 Employee Can Be Reached At (If needed) (302) 395-4854 Thru Date 12/05/2003 Hour 15:30

Type of Absence Documentation (For official use only) Revised Schedule for (Date) Approved in Advance

Annual For FMLA Leave (Certification reviewed) ☒ For COP Leave (CAI on file) ☒ For Advanced Sick Leave (1221 on file) ☒ For Military Leave (Orders reviewed) ☒ For Court Leave (Summons reviewed) ☒ For Higher Level (1723 on file) ☒ Scheme Training Testing, Qualifying (Memo on file) ☒ Other: FSL

Remarks (Do not enter medical information) NOT IOD, FMLA LEAVE WRH

I understand that the annual leave authorized in excess of amount available to me during the leave year will be changed to LWOP.

Employee's Signature and Date Signature of Person Recording Absence and Date Signature of Supervisor and Date Notified

Official Action on Application (Return copy of signed request to employee)

☐ Approved, not FMLA* ☒ Approved, FMLA (See Publication 71) ☐ Approved FMLA, Pending Documentation Noted on Reverse

☐ Disapproved (Give Reason): ☐ Ineligible for FMLA (Estimate eligibility date): ☐ Continued on Reverse

PS Form 3971, April 2001

Warning: The furnishing of false information on this form may result in a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)

During This Absence, I Was Incapacitated for Duty by:

☐ Sickness ☐ Undergoing Medical, Dental, or Optical Examination or Treatment (Job related)

☐ On-the-Job Injury ☐ Undergoing Medical, Dental, or Optical Examination or Treatment (Not job related)

☐ Off-the-Job Injury

☐ Pregnancy and Confinement

During This Absence, I Was Unavailable for Duty Because

☐ Sick Leave for Dependent Care ☐ Placement of a Child with Employee for Adoption or Foster Care

☐ Birth of Child - Bonding

Additional Information Regarding Denial of Leave Protection Under FMLA

☐ Employee Not Eligible - Less than 1250 Hours Worked.

☐ Employee Not Eligible - Not Employed with USPS 1 Year.

☐ Employee Has Exhausted FMLA Entitlement in Current Leave Year.

☐ Absence Not for a Covered Condition.

☐ Absence Not for a Covered Family Member.

☐ Requested Documentation Not Provided.

☐ Documentation Provided. Does Not Meet Criteria for FMLA Protection

Additional Documentation Required

Privacy Act: The collection of this information is authorized by 39 USC 401, 1001, 1003, 1005; 5 USC 8339; and Public Law 103-3. This information will be used to grant or deny your request for official leave from Postal Service duty. It may be disclosed under the routine uses given in Privacy Act system notices USPS 050.020 and USPS 120.070 (see appendix of Administrative Support Manual or, if you wish to obtain a copy of these notices contact your personnel office). Completion of this form is voluntary. If this information is not provided, official leave may not be granted.

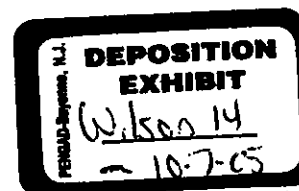
Leave Types (Information Only)

Leave Type	Time Card Code	PSDS Code
AL- FMLA	55/01	32
SL- FMLA	56/02	33
LWOP - FMLA - Part Day	59/05	36
LWOP - FMLA - Full Day	60/06	37
LWOP - Lieu of Sick Leave	59/60	20
LWOP - Proffered	59/60	21
LWOP - Personal Reasons	59/60	22
LWOP - Part Day	59	23
LWOP - Full Day	60	23
LWOP - AWOL	59/60	24
LWOP - IOD (Not FMLA) - OWCP	49	25
LWOP - Maternity	59/60	26
LWOP - Suspension	59/60	27
LWOP - Union Official	84	28
LWOP - Suspension Pending Termination	59/60	29
Continuation of Pay - USPS	71	03
Continuation of Pay - USPS-FMLA	71/03	34
Continuation of Pay - FMLA-IOD-OWCP	49/04	35
Court Duty	61	04
Military Leave	67	05
Postmaster's Organization	89	08
Blood Donor Leave	69	09
Other Paid Leave	86	10
Convention Leave	66	12
Acts of God	78	13
Veteran's Funeral	86	10
Relocation	80	15
Civil Defense	77	16
Civil Disorder	81	17
Voting Leave	85	18

Scheduled Un-Scheduled PP Year

Scheduled	Un-Scheduled	PP	Year	
		Day	Init	Hours
		SAT		
		SUN		
		MON		
		TUE		
		WED		
		THU		
		FRI		
		SAT		
		SUN		
		MON		
		TUE		
		WED		
		THU		
		FRI		

PS Form 3971, April 2001 (Reverse)



A-0000069

5/13

MA/0512

Installation (For PM leave, show city, state, and ZIP code) WILM DE 19850 N/S Day 2-3 Pay Loc # 215 DIA Code 110 From Date 12/17/03 Hour 11:00

Time of Call or Request 15:00 Employee Can Be Reached At (if needed) ☐ No Call 15:00 Thru Date 12/17/03 Hour 15:00

Type of Absence
☐ Annual
☐ Carrier 701 Rule
☐ LWOP (See reverse)
☒ Sick (See reverse)
☐ Late
☐ COP
☒ Other: FMLA

Documentation (For official use only)
☒ For FMLA Leave (Certification reviewed) OK
☐ For COP Leave (CA1 on file)
☐ For Advanced Sick Leave (1221 on file)
☐ For Military Leave (Orders reviewed)
☐ For Court Leave (Summons reviewed)
☐ For Higher Level (1723 on file)
☐ Scheme Training Testing, Qualifying (Memo on file)

Revised Schedule for (Date) ☐ Yes ☐ No

Begin Work
 Lunch-Out
 Lunch-In
 End Work
 Total Hours

Approved in Advance ☐ Yes ☐ No

Remarks (Do not enter medical information)

I understand that the annual leave authorized in excess of amount available to me during the leave year will be changed to LWOP.

Employee's Signature and Date Neelanda Wilson 12/12/03 Signature of Person Recording Absence and Date [Signature] 12/12/03 Signature of Supervisor and Date Notified [Signature] 12/12/03

Official Action on Application (Return copy of signed request to employee)
☐ Approved, not FMLA* ☒ Approved, FMLA (See Publication 71) ☐ Approved FMLA, Pending Documentation Noted on Reverse
☐ Disapproved (Give reason): [Signature] 12-15-03
☐ Ineligible for FMLA (Estimate eligibility date): [Signature] 12-15-03 ☐ Continued on Reverse

PS Form 3971, April 2001 (Page 1 of 2) Warning: The furnishing of false information on this form may result in a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)

UNITED STATES POSTAL SERVICE® Request for or Notification of Absence

Employee's Name (Last, First, M.I.) Wilson, Neelanda Social Security No. 2808 Date Submitted 12/17/03 No. of Hours Requested 4

Installation (For PM leave, show city, state, and ZIP code) WILM DE 19850 N/S Day 2-3 Pay Loc # 215 DIA Code 110 From Date 12/17/03 Hour 11:00

Time of Call or Request 07:00 Employee Can Be Reached At (if needed) ☐ No Call 12/17/03 Thru Date 12/17/03 Hour 15:00

Type of Absence
☐ Annual
☐ Carrier 701 Rule
☐ LWOP (See reverse)
☒ Sick (See reverse)
☐ Late
☐ COP
☒ Other: FMLA

Documentation (For official use only)
☒ For FMLA Leave (Certification reviewed) OK
☐ For COP Leave (CA1 on file)
☐ For Advanced Sick Leave (1221 on file)
☐ For Military Leave (Orders reviewed)
☐ For Court Leave (Summons reviewed)
☐ For Higher Level (1723 on file)
☐ Scheme Training Testing, Qualifying (Memo on file)

Revised Schedule for (Date) ☐ Yes ☐ No

Begin Work
 Lunch-Out
 Lunch-In
 End Work
 Total Hours

Approved in Advance ☐ Yes ☐ No

Remarks (Do not enter medical information)

I understand that the annual leave authorized in excess of amount available to me during the leave year will be changed to LWOP.

Employee's Signature and Date Neelanda Wilson 12/17/03 Signature of Person Recording Absence and Date [Signature] 12/17/03 Signature of Supervisor and Date Notified [Signature] 12/17/03

Official Action on Application (Return copy of signed request to employee)
☐ Approved, not FMLA* ☒ Approved, FMLA (See Publication 71) ☐ Approved FMLA, Pending Documentation Noted on Reverse
☐ Disapproved (Give reason): [Signature] 12/22/03
☐ Ineligible for FMLA (Estimate eligibility date): [Signature] 12-15-03 ☐ Continued on Reverse

PS Form 3971, April 2001 (Page 1 of 2) Warning: The furnishing of false information on this form may result in a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)

DEPOSITION EXHIBIT
Wilson 15
on 10-7-05

A-000070

512

16
02/18/05

Request for or Notification of Absence

Employee's Name (Last, first, M.I.) WILSON, MELINDA G		Social Security No. 221-52-2808	Date Submitted 12/18/2003	No. of Hours Requested 8.00	Scheduled	Un-Scheduled	PP 1	Year 2004
Installation (For PM leave, show city, state and ZIP code) 09-6821 - DELAWARE P&DF		NIS Day	Pay Loc. # 215	D/A Code 11-0	From Date 12/18/2003	Hour 07:00	Day	Init. Hours
Time of Call or Request 06:05	Scheduled Reporting Time 07:00	Employee Can Be Reached At (If needed) (302) 395-4854 <input type="checkbox"/> No Call		Thru Date 12/18/2003	Hour 15:30		SAT	
Type of Absence <input type="checkbox"/> Annual <input type="checkbox"/> Carrier 701 Rule <input type="checkbox"/> LWOP (See reverse) <input checked="" type="checkbox"/> Sick (See reverse) <input type="checkbox"/> Late <input type="checkbox"/> COP <input checked="" type="checkbox"/> Other: <u>SL</u>	Documentation (For official use only) <input checked="" type="checkbox"/> For FMLA Leave (Certification reviewed) <u>OK</u> <input type="checkbox"/> For COP Leave (CAI on file) <input type="checkbox"/> For Advanced Sick Leave (1221 on file) <input type="checkbox"/> For Military Leave (Orders reviewed) <input type="checkbox"/> For Court Leave (Summons reviewed) <input type="checkbox"/> For Higher Level (1723 on file) <input type="checkbox"/> Scheme Training Testing, Qualifying (Memo on file)		Revised Schedule for (Date) Begin Work Lunch-Out Lunch-In End Work Total Hours		Approved in Advance <input type="checkbox"/> Yes <input type="checkbox"/> No			SUN
Remarks (Do not enter medical information) NOT IOD; FMLA LEAVE WRH							MON	
							TUE	
							WED	
							THU	6
							FRJ	9
							SAT	
							SUN	
							MON	
							TUE	
							WED	
							THU	
							FRJ	

I understand that the annual leave authorized in excess of amount available to me during the leave year will be changed to LWOP.

Employee's Signature and Date: Melinda G. Wilson 12/18/03
Signature of Person Recording Absence and Date: [Signature] 12/18/03
Signature of Supervisor and Date: [Signature] 12-18-03

Official Action on Application (Return copy of signed request to employee)

☐ Approved, not FMLA* ☒ Approved, FMLA (See Publication 71) ☐ Approved FMLA, Pending Documentation Noted on Reverse.

☐ Disapproved (Give Reason): _____ ☐ Continued on Reverse

☐ Ineligible for FMLA (Estimate eligibility date): _____

PS Form 3971, April 2001

Warning: The furnishing of false information on this form may result in a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)

During This Absence, I Was Incapacitated for Duty by:		Leave Types (Information Only)			Scheduled	Un-Scheduled	PP	Year
<input type="checkbox"/> Sickness	<input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Job related)	Leave Type	Time Card Code	PSDS Code			Day	Init. Hours
<input type="checkbox"/> On-the-Job Injury	<input type="checkbox"/> Off-the-Job Injury	AL - FMLA	55/01	32			SAT	
<input type="checkbox"/> Pregnancy and Confinement	<input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Not job related)	SL - FMLA	56/02	33			SUN	
During This Absence, I Was Unavailable for Duty Because		LWOP - FMLA - Part Day	59/05	36			MON	
<input type="checkbox"/> Sick Leave for Dependent Care	<input type="checkbox"/> Placement of a Child with Employee for Adoption or Foster Care	LWOP - FMLA - Full Day	60/06	37			TUE	
<input type="checkbox"/> Birth of Child - Bonding		LWOP - Lieu of Sick Leave	59/60	20			WED	
Additional Information Regarding Denial of Leave Protection Under FMLA/		LWOP - Proffered	59/60	21			THU	
<input type="checkbox"/> Employee Not Eligible - Less than 1250 Hours Worked.		LWOP - Personal Reasons	59/60	22			FRJ	
<input type="checkbox"/> Employee Not Eligible - Not Employed with USPS 1 Year.		LWOP - Part Day	59	23			SAT	
<input type="checkbox"/> Employee Has Exhausted FMLA Entitlement in Current Leave Year.		LWOP - Full Day	60	23			SUN	
<input type="checkbox"/> Absence Not for a Covered Condition.		LWOP - AWOL	59/60	24			MON	
<input type="checkbox"/> Absence Not for a Covered Family Member.		LWOP - IOD (Not FMLA) - OWCP	49	25			TUE	
<input type="checkbox"/> Requested Documentation Not Provided.		LWOP - Maternity	59/60	26			WED	
<input type="checkbox"/> Documentation Provided. Does Not Meet Criteria for FMLA Protection		LWOP - Suspension	59/60	27			THU	
Additional Documentation Required		LWOP - Union Official	84	28			FRJ	
		LWOP - Suspension Pending Termination	59/60	29			SAT	
		Continuation of Pay - USPS	71	03			SUN	
		Continuation of Pay - USPS-FMLA	71/03	34			MON	
		Continuation of Pay - FMLA-IOD-OWCP	49/04	35			TUE	
		Court Duty	61	04			WED	
		Military Leave	67	05			THU	
		Postmaster's Organization	89	08			FRJ	
		Blood Donor Leave	69	09				
		Other Paid Leave	86	10				
		Convention Leave	66	12				
		Acts of God	78	13				
		Veteran's Funeral	86	10				
		Relocation	80	15				
		Civil Defense	77	16				
		Civil Disorder	81	17				
		Voting Leave	85	18				

Privacy Act: The collection of this information is authorized by 39 USC 401, 1001, 1003, 1005; 5 USC 8339; and Public Law 103-3. This information will be used to grant or deny your request for official leave from Postal Service duty. It may be disclosed under the routine uses given in Privacy Act system notices USPS 050.020 and USPS 120.070 (see appendix of Administrative Support Manual or, if you wish to obtain a copy of these notices contact your personnel office). Completion of this form is voluntary. If this information is not provided, official leave may not be granted.

PS Form 3971, April 2001 (Reverse)

A-000071

514

AMNOE44



Request for or Notification of Absence

Employee's Name (Last, first, M.I.) WILSON, MELINDA G		Social Security No. 221-52-2808	Date Submitted 12/19/2003	No. of Hours Requested 8.00	Sched- uled	Un- Sched- uled	PP I	Year 2004	
Installation (For PM leave, show city, state and ZIP code) 09-6821 - DELAWARE P&DF		N/S Day	Pay Loc. # 215	D/A Code 11-0				From Date 12/19/2003	Hour 07:00
Time of Call or Request 07:21	Scheduled Reporting Time 07:00	Employee Can Be Reached At (If needed) (302) 395-4854 <input type="checkbox"/> No Call		Thru Date 12/19/2003	Hour 15:30		SAT		
Type of Absence	Documentation (For official use only)		Revised Schedule for (Date)		Approved in Advance <input type="checkbox"/> Yes <input type="checkbox"/> No			SUN	
<input type="checkbox"/> Annual	<input checked="" type="checkbox"/> For FMLA Leave (Certification reviewed) OK		Begin Work					MON	
<input type="checkbox"/> Carrier 701 Rule	<input type="checkbox"/> For COP Leave (CAI on file)		Lunch-Out					TUE	
<input type="checkbox"/> LWOP (See reverse)	<input type="checkbox"/> For Advanced Sick Leave (1221 on file)		Lunch-In					WED	
<input checked="" type="checkbox"/> Sick (See reverse)	<input type="checkbox"/> For Military Leave (Orders reviewed)							THU	
<input type="checkbox"/> Late	<input type="checkbox"/> For Court Leave (Summons reviewed)		End Work					FRI	FD 8
<input type="checkbox"/> COP	<input type="checkbox"/> For Higher Level (1723 on file)		Total Hours					SAT	
<input checked="" type="checkbox"/> Other: <u>ISL</u>	<input type="checkbox"/> Scheme Training Testing, Qualifying (Memo on file)							SUN	
Remarks (Do not enter medical information) NOT IOD; FMLA LEAVE MAP								MON	
								TUE	
								WED	
								THU	
								FRI	

I understand that the annual leave authorized in excess of amount available to me during the leave year will be changed to LWOP.

Employee's Signature and Date <i>Melinda Wilson</i> 12/19/03	Signature of Person Recording Absence and Date <i>[Signature]</i> 12/19/03	Signature of Supervisor and Date Notified <i>[Signature]</i> 12/23/03
---	---	--

Official Action on Application (Return copy of signed request to employee)

☐ Approved, not FMLA* ☒ Approved, FMLA (See Publication 71) ☐ Approved FMLA, Pending Documentation Noted on Reverse

☐ Disapproved (Give Reason): _____

☐ Ineligible for FMLA (Estimate eligibility date): _____ ☐ Continued on Reverse

PS Form 3971, April 2001

Warning: The furnishing of false information on this form may result in a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)

During This Absence, I Was Incapacitated for Duty by:		Leave Types (Information Only)		Sched- uled	Un- Sched- uled	PP I	Year	
<input type="checkbox"/> Sickness	<input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Job related)	Leave Type	Time Card Code				PSDS Code	Day
<input type="checkbox"/> On-the-Job Injury	<input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Not job related)	AL- FMLA	55/01	32			SAT	
<input type="checkbox"/> Off-the-Job Injury		SL- FMLA	56/02	33			SUN	
<input type="checkbox"/> Pregnancy and Confinement		LWOP - FMLA - Part Day	59/05	36			MON	
		LWOP - FMLA - Full Day	60/06	37			TUE	
		LWOP - Lieu of Sick Leave	59/60	20			WED	
		LWOP - Proffered	59/60	21			THU	
		LWOP - Personal Reasons	59/60	22			FRI	
		LWOP - Part Day	59	23			SAT	
		LWOP - Full Day	60	23			SUN	
		LWOP - AWOL	59/60	24			TUE	
		LWOP - IOD (Not FMLA) - OWCP	49	25			WED	
		LWOP - Maternity	59/60	26			THU	
		LWOP - Suspension	59/60	27			FRI	
		LWOP - Union Official	84	28			SAT	
		LWOP - Suspension Pending Termination	59/60	29			SUN	
		Continuation of Pay - USPS	71	03			MON	
		Continuation of Pay - USPS-FMLA	71/03	34			TUE	
		Continuation of Pay - FMLA-IOD-OWCP	49/04	35			WED	
		Court Duty	61	04			THU	
		Military Leave	67	05			FRI	
		Postmaster's Organization	89	08			SAT	
		Blood Donor Leave	69	09			SUN	
		Other Paid Leave	86	10			MON	
		Convention Leave	66	12			TUE	
		Acts of God	78	13			WED	
		Veteran's Funeral	86	10			THU	
		Relocation	80	15			FRI	
		Civil Defense	77	16				
		Civil Disorder	81	17				
		Voting Leave	85	18				

During This Absence, I Was Unavailable for Duty Because

☐ Sick Leave for Dependent Care ☐ Placement of a Child with Employee for Adoption or Foster Care

☐ Birth of Child - Bonding

Additional Information Regarding Denial of Leave Protection Under FMLA

☐ Employee Not Eligible - Less than 1250 Hours Worked.

☐ Employee Not Eligible - Not Employed with USPS 1 Year.

☐ Employee Has Exhausted FMLA Entitlement in Current Leave Year.

☐ Absence Not for a Covered Condition.

☐ Absence Not for a Covered Family Member.

☐ Requested Documentation Not Provided.

☐ Documentation Provided. Does Not Meet Criteria for FMLA Protection

Additional Documentation Required

Privacy Act: The collection of this information is authorized by 39 USC 401, 1001, 1003, 1005, 5 USC 8339; and Public Law 103-3. This information will be used to grant or deny your request for official leave from Postal Service duty. It may be disclosed under the routine uses given in Privacy Act system notices USPS 050.020 and USPS 120.070 (see appendix of Administrative Support Manual or, if you wish to obtain a copy of these notices contact your personnel office). Completion of this form is voluntary. If this information is not provided, official leave may not be granted.

A-000072

MMW0515



Request for or Notification of Absence

Employee's Name (Last, first, M.I.) WILSON, MELINDA G		Social Security No. 221-52-2808		Date Submitted 12/20/2003		No. of Hours Requested 8.00		Scheduled		Un-Scheduled		PP I		Year 2004	
Installation (For PM leave, show city, state and ZIP code) 09-6821 - DELAWARE P&DF				N/S Day		Pay Loc. # 215		D/A Code 11-0		From Date 12/20/2003		Hour 07:00			
Time of Call or Request 06:20		Scheduled Reporting Time 07:00		Employee Can Be Reached At (If needed) (302) 395-4854 <input type="checkbox"/> No Call				Thru Date 12/20/2003		Hour 15:30		Day		Init. Hours	
Type of Absence		Documentation (For official use only)				Revised Schedule for (Date)		Approved in Advance <input type="checkbox"/> Yes <input type="checkbox"/> No				SAT			
<input type="checkbox"/> Annual		<input checked="" type="checkbox"/> For FMLA Leave (Certification reviewed) <i>PL</i>										SUN			
<input type="checkbox"/> Carrier 701 Rule		<input type="checkbox"/> For COP Leave (CAI on file)				Begin Work						MON			
<input type="checkbox"/> LWOP (See reverse)		<input type="checkbox"/> For Advanced Sick Leave (1221 on file)										TUE			
<input checked="" type="checkbox"/> Sick (See reverse)		<input type="checkbox"/> For Military Leave (Orders reviewed)				Lunch-Out						WED			
<input type="checkbox"/> Late		<input type="checkbox"/> For Court Leave (Summons reviewed)										THU			
<input type="checkbox"/> COP		<input type="checkbox"/> For Higher Level (1223 on file)				Lunch-In						FRI			
<input checked="" type="checkbox"/> Other: <u>ISL</u>		<input type="checkbox"/> Scheme Training Testing, Qualifying (Memo on file)				End Work						SAT		<i>PL 8</i>	
Remarks (Do not enter medical information) NOT JOD, FMLA LEAVE was						Total Hours						SUN			
I understand that the annual leave authorized in excess of amount available to me during the leave year will be changed to LWOP.															
Employee's Signature and Date <i>M. Wilson</i> 12/13/04				Signature of Person Recording Absence and Date <i>L. J. Jones</i> 12/16/04				Signature of Supervisor and Date Notified <i>L. J. Jones</i> 12/16/04				MON			
Official Action on Application (Return copy of signed request to employee)															
<input type="checkbox"/> Approved, not FMLA*		<input checked="" type="checkbox"/> Approved, FMLA (See Publication 71)		<input type="checkbox"/> Approved FMLA, Pending Documentation Noted on Reverse		Signature of Supervisor and Date <i>J. M. Bucci</i> 12-22-03				TUE					
<input type="checkbox"/> Disapproved (Give Reason):															
<input type="checkbox"/> Ineligible for FMLA (Estimate eligibility date):															
<input type="checkbox"/> Continued on Reverse															

PS Form 3971, April 2001

Warning: The furnishing of false information on this form may result in a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both (18 U.S.C. 1001)

During This Absence, I Was Incapacitated for Duty by:		Leave Types (Information Only)			Scheduled	Un-Scheduled	PP		Year	
		Leave Type	Time Card Code	PSDS Code			Day	Init	Hours	
<input type="checkbox"/> Sickness	<input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Job related)	AL - FMLA	55/01	32						
<input type="checkbox"/> On-the-Job Injury		SL - FMLA	56/02	33						
<input type="checkbox"/> Off-the-Job Injury		LWOP - FMLA - Part Day	59/03	36						
<input type="checkbox"/> Pregnancy and Confinement	<input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Not job related)	LWOP - FMLA - Full Day	60/06	37						
		LWOP - Lieu of Sick Leave	59/60	20						
		LWOP - Proffered	59/60	21						
		LWOP - Personal Reasons	59/60	22						
		LWOP - Part Day	59	23						
		LWOP - Full Day	60	23						
		LWOP - AWOL	59/60	24						
		LWOP - IOD (Not FMLA) - OWCP	49	25						
		LWOP - Maternity	59/60	26						
		LWOP - Suspension	59/60	27						
		LWOP - Union Official	84	28						
		LWOP - Suspension Pending Termination	59/60	29						
		Continuation of Pay - USPS	71	03						
		Continuation of Pay - USPS-FMLA	71/03	34						
		Continuation of Pay - FMLA-IOD-OWCP	49/04	35						
		Court Duty	61	04						
		Military Leave	67	05						
		Postmaster's Organization	89	08						
		Blood Donor Leave	69	09						
		Other Paid Leave	86	10						
		Convention Leave	66	12						
		Acts of God	78	13						
		Veteran's Funeral	86	10						
		Relocation	80	15						
		Civil Defense	77	16						
		Civil Disorder	81	17						
		Voting Leave	85	18						

During This Absence, I Was Unavailable for Duty Because:

☐ Sick Leave for Dependent Care ☐ Placement of a Child with Employee for Adoption or Foster Care

☐ Birth of Child - Bonding

Additional Information Regarding Denial of Leave Protection Under FMLA:

☐ Employee Not Eligible - Less than 1250 Hours Worked.

☐ Employee Not Eligible - Not Employed with USPS 1 Year.

☐ Employee Has Exhausted FMLA Entitlement in Current Leave Year.

☐ Absence Not for a Covered Condition.

☐ Absence Not for a Covered Family Member.

☐ Requested Documentation Not Provided.

☐ Documentation Provided. Does Not Meet Criteria for FMLA Protection

Additional Documentation Required

Privacy Act: The collection of this information is authorized by 39 USC 401, 1001, 1003, 1005; 5 USC 8339, and Public Law 103-3. This information will be used to grant or deny your request for official leave from Postal Service duty. It may be disclosed under the routine uses given in Privacy Act system notices USPS 50.020 and USPS 120.070 (see appendix of Administrative Support Manual or, if you wish to obtain a copy of these notices contact your personnel office).

Completion of this form is voluntary. If this information is not provided, official leave may not be granted.

A-000

PS Form 3971, April 2001 (Reverse)

A-000073

516

MMMD51R

CERTIFICATION BY EMPLOYEE'S HEALTH CARE PROVIDER FOR EMPLOYEE'S SERIOUS ILLNESS—FMLA

This form is to be completed by employee's Health Care Provider when employee is requesting FMLA and medical documentation is required pursuant to 512.41, 513.36 and 515.5 of the ELM. Form PS 3971 must be completed by employee.

Employee's name

Melinda G. Wilson

Description of serious health condition (On the back of this form is the description of a "serious health condition" under FMLA. Does the patient's condition qualify under any of the categories described? If so, please check the applicable category.)

(1) _____ (2) _____ (3) _____ (4) ☒ (5) _____ (6) _____ None of the above

Without giving a specific diagnosis or prognosis, briefly note how the medical facts meet the criteria of the category checked above.

Date condition commenced: 12/95 and 12/97

Probable duration of condition: Lifetime

Probable duration of the present incapacity (if different): _____

Will the employee be required to be off from work Intermittently or work on a reduced schedule as a result of this condition and /or treatments? yes Note the probable time and duration. depends on asthmatic conditions & Back or Neck Pain

If the condition is chronic (#4) or pregnancy (#3), note if the employee is presently incapacitated and the likely duration and frequency of episodes of incapacity.

If additional or continuing treatments are required for the condition, provide the nature and regimen of the treatments, an estimate of the probable number of treatments, the length of absence required by the treatments, and the actual or estimated dates of the treatments, if known.

may require intermittent asthma treatments anytime a severe attack occurs

Is the employee able to perform the functions of employee's position? No If no, describe the physical restrictions placed on the employee, including the duration of such restrictions.

Sit down position with chair w/armrests.

Health Care Provider's Signature

[Signature]

Date

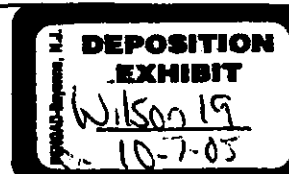
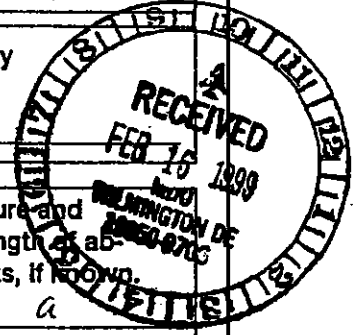
2/12/99

Address

Omega Prof Ctr. B-89 Newark DE 19713

6/26/95

APWU FORM 2



This form is provided for the purpose of obtaining a duty status report for the employee named below. This request does not constitute authorization for payment of medical expense by the Department of Labor, nor does it invalidate any previous authorization issued in this case. This request for information is authorized by law (5 USC 8101 et seq.). Information collected will be handled and stored in compliance with the Freedom of Information Act, the Privacy Act of 1974 and the OMB Cir. A-108.

OMB No. 1215-0103
Expires: 10-31-94
OWCP File Number
(If known)

SIDE A - Supervisor: Complete this side and refer to physician

1. Employee's Name (Last, first, middle)
Wilson, Melina

2. Date of Injury (Month, day, yr.)
2/1/98

3. Social Security No.
221 57 2808

4. Occupation
Clerk

5. Describe How the Injury Occurred and State Parts of the Body Affected

SIDE B - Physician: Complete this side

8. Does the History of Injury Given to You by the Employee Correspond to that Shown in Item 5? ☒ Yes ☐ No (If not, describe)
yes

9. Description of Clinical Findings
severe depression

10. Diagnosis Due to Injury
anxiety

11. Other Disabling Conditions
severe depression

12. Employee Advised to Resume Work?
☐ Yes, Date Advised 1/1 ☐ No

13. Employee Able to Perform Regular Work Described on Side A?
☐ Yes, If so ☐ Full-Time or ☐ Part-Time _____ Hrs Per Day
☐ No, If not, complete below:

Activity	Continuous		Intermittent	Continuous		Intermittent
	#lbs.	#lbs.		#lbs.	#lbs.	
a. Lifting/Carrying: State Max Wt.			Hrs Per Day		<u>10 lbs</u>	<u>2</u> Hrs Per Day
b. Sitting			Hrs Per Day	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>6</u> Hrs Per Day
c. Standing			Hrs Per Day		<input checked="" type="checkbox"/>	<u>1</u> Hrs Per Day
d. Walking			Hrs Per Day		<input checked="" type="checkbox"/>	<u>1</u> Hrs Per Day
e. Climbing			Hrs Per Day	<u>N/A</u>	<u>N/A</u>	<u>0</u> Hrs Per Day
f. Kneeling			Hrs Per Day	<u>N/A</u>	<u>N/A</u>	<u>0</u> Hrs Per Day
g. Bending/Stooping			Hrs Per Day		<input checked="" type="checkbox"/>	<u>1</u> Hrs Per Day
h. Twisting			Hrs Per Day		<input checked="" type="checkbox"/>	<u>1</u> Hrs Per Day
i. Pulling/Pushing			Hrs Per Day		<input checked="" type="checkbox"/>	<u>1</u> Hrs Per Day
j. Simple Grasping			Hrs Per Day			<u>8</u> Hrs Per Day
k. Fine Manipulation (includes keyboarding)			Hrs Per Day			<u>0</u> Hrs Per Day
l. Reaching above Shoulder			Hrs Per Day			<u>0</u> Hrs Per Day
m. Driving a Vehicle (Specify)			Hrs Per Day	<u>N/A</u>	<u>N/A</u>	<u>0</u> Hrs Per Day
n. Operating Machinery (Specify)			Hrs Per Day			<u>0</u> Hrs Per Day
o. Temp. Extremes			range in degrees F	<u>N/A</u>	<u>N/A</u>	range in degrees F
p. High Humidity			Hrs Per Day			Hrs Per Day
q. Chemicals, Solvents, etc. (Identify)			Hrs Per Day			Hrs Per Day
r. Fumes/Dust (Identify)			Hrs Per Day			Hrs Per Day
s. Noise (Give dBA)			dBA			dBA
			Hrs Per Day			Hrs Per Day

2. Other (Describe)
Need have medical case and then with arm rests due to work injury 7/2/98. Must work 7a-5p due to severe depression and sleep disorder along with med.

14. Are Interpersonal Relations Affected Because of a Neuropsychiatric Condition? (e.g. Ability to Give or Take Supervision, Meet Deadlines, etc.) ☒ Yes ☐ No (Describe)
severe depression & medication

15. Date of Examination
06/16/00

16. Date of Next Appointment
09/15/00

17. Specialty
PM

18. Tax ID
A-000075

19. Physician's Signature
[Signature]

20. Date
06/16/00

OWCP case #030257444

~~CH 4-07-04~~
 CH 4-07-04
 LIGHT DUTY
 MEDICAL STATEMENT OF PHYSICAL CONDITION
 0-30 DAYS
 31-60 DAYS



Employees returning to work after illness or injury must provide medical evidence to support his/her absence, based on the local leave regulations. Without the required medical documentation, employee may not be permitted to return to work.

Melinda Wilson

FSM Clerk

Employee (Patient)

Job Title

6/98
 Date of Initial Treatment

Complete Prognosis for full recovery

Although she is stable with regards to depression & sleep

disorder, she requires continued medication and day shift hrs-

 (Good) (Fair) (Poor)

Totally incapacitated from work from

Date

through

Date

Partially incapacitated from work from

Date

through

Date

PHYSICIAN: PLEASE COMPLETE RESTRICTIONS ON ATTACHED PAGE

DOCTOR SIGNATURE

(301) 738-5580

Phone No.

Date

10/17/00

Address

B-89 Omega Dr.

Newark DE 19713

Fax No.

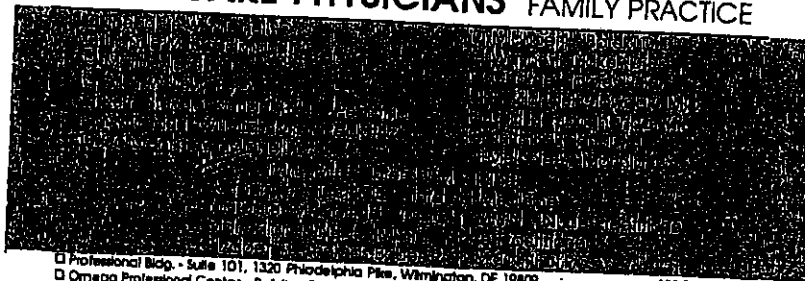
TOTAL CARE PHYSICIANS
 OMEGA PROFESSIONAL CENTER
 BUILDING B, SUITE 89
 OMEGA DRIVE
 NEWARK, DE 19713

1109

A-000076

CL 4-07-04

TOTAL CARE PHYSICIANS FAMILY PRACTICE



☐ Professional Bldg. - Suite 101, 1320 Philadelphia Pike, Wilmington, DE 19809 302-798-0666
☐ Omega Professional Center - Building B, Suite 89, Omega Drive, Newark, DE 19713 302-738-5500
☐ Glasgow Professional Center - Suite 124, 2600 Glasgow Avenue, Newark, DE 19702 302-836-4200

NAME

M. Wilson

ADDRESS

DATE 3/12/07

Rx Ms. Wilson has been treated for major depression, which began, following her D wrist injury. Her chronic disability is a significant factor in her depression.

☐ Label

Refill _____ times PRN NR

DEA NO. _____

Dispense as Written

M.D., D.O.

Substitution Permitted

M.D., D.O.

A-0000077

1110

RMD Input 5-14-02
Pub-71 sent via mail 5-14-02 / JMB

(When completed, this form goes to the employee, not to the Department of Labor.)

OMB No.: 1215-0181
Expires: 05/30/02

1. Employee's Name

Melinda G. Wilson

2. Patient's Name (If different from employee)

3. Page 4 describes what is meant by a "serious health condition" under the Family and Medical Leave Act. Does the patient's condition qualify under any of the categories described? If so, please check the applicable category.

(1) _____ (2) _____ (3) _____ (4) X (5) _____ (6) _____, or None of the above _____

4. Describe the medical facts which support your certification, including a brief statement as to how the medical facts meet the criteria of one of these categories:

Chronic Asthma + Sleep disorder
+ Back and Neck Pain

5. a. State the approximate date the condition commenced, and the probable duration of the condition (and also the probable duration of the patient's present incapacity² if different):

Asthma since birth.
Back + Neck Injuries since 12/95
Sleep disorder since Jan '98.

b. Will it be necessary for the employee to take work only intermittently or to work on a less than full schedule as a result of the condition (including for treatment described in Item 5 below)?

yes intermittently. Depends on asthmatic condition. Back + Neck Pain
also from car accident of 12/30/95. Also sleep disorder of 6/98.

If yes, give the probable duration:

Lifetime

c. If the condition is a chronic condition (condition #4) or pregnancy, state whether the patient is presently incapacitated² and the likely duration and frequency of episodes of incapacity²:

She is not presently incapacitated but may require treatments
at anytime there is a severe attack. The episodes of incapacitation
may be from 1-3 days or more depending on severity
per month

* Here and elsewhere on this form, the information sought relates only to the condition for which the employee is taking FMLA leave.

* "Incapacity," for purposes of FMLA, is defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefor, or recovery therefrom

✓ The treatments may vary as well as the number.

If the patient will be absent from work or other daily activities because of treatment on an intermittent or part-time basis, also provide an estimate of the probable number of and interval between such treatments, actual or estimated dates of treatment if known, and period required for recovery if any:

These treatments may vary and the dates are unknown as well as recovery time.

b. If any of these treatments will be provided by another provider of health services (e.g., physical therapist), please state the nature of the treatments:

NA

✓ c. If a regimen of continuing treatment by the patient is required under your supervision, provide a general description of such regimen (e.g., prescription drugs, physical therapy requiring special equipment):

Prescription drugs
Inhalers.

✓ a. If medical leave is required for the employee's absence from work because of the employee's own condition (including absences due to pregnancy or a chronic condition), is the employee unable to perform work of any kind?

YES, at the time of attacks she may require treatments or bed rest.
She may require light-duty work also.

b. If able to perform some work, is the employee unable to perform any one or more of the essential functions of the employee's job (the employee or the employer should supply you with information about the essential job functions)?

If yes, please list the essential functions the employee is unable to perform: Unable to stand constantly
OR, abduct shoulder lifting
can't hang
sit down position chair with arm rests and
modified case to sort mail.

c. If neither a nor b applies, is it necessary for the employee to be absent from work for treatment?

a. 2. If leave is required to care for a family member of the employee with a serious health condition, does the patient require assistance for basic medical or personal needs or safety, or for transportation?

N/A

b. If no, would the employee's presence to provide psychological comfort be beneficial to the patient or assist in the patient's recovery?

N/A

c. If the patient will need care only intermittently or on a part-time basis, please indicate the probable duration of this need:

N/A

Signature of Health Care Provider

(Seth Irving)

Type of Practice

IM

Address

R-89 Omega Dr.

Newark DE 19713

Telephone Number

(302) 738-5500

Date

6/5/00 01 83

To be completed by the employee needing family leave to care for a family member:

State the care you will provide and an estimate of the period during which care will be provided, including a schedule if leave is to be taken intermittently or if it will be necessary for you to work less than a full schedule:

TOTAL CARE PHYSICIANS
OMEGA PROFESSIONAL CENTER
BUILDING B, SUITE 89
OMEGA DRIVE
NEWARK, DE 19713

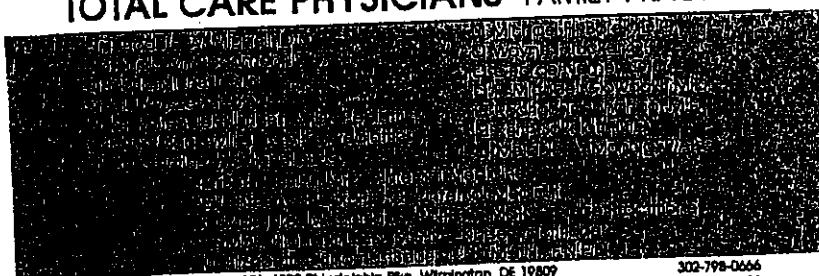
Date

6/5/01

Employee Signature

Melinda P. [Signature]

TOTAL CARE PHYSICIANS FAMILY PRACTICE



☐ Professional Bldg. - Suite 101, 1320 Philadelphia Pike, Wilmington, DE 19809 302-798-0666
☐ Omega Professional Center - Building B, Suite 89, Omega Drive, Newark, DE 19713 302-738-5500
☐ Glasgow Professional Center - Suite 124, 2600 Glasgow Avenue, Newark, DE 19702 302-836-4200

NAME Melinda Wilson DATE 4/30/02

ADDRESS _____

Re: Ms. Wilson's major depressive disorder remains stable on her medication and stable work hrs. She requires permanent day shift schedule, as was agreed upon when speaking with your medical director.

☐ Label _____ Dispense as Written _____ M.D., D.O.

Refill _____ times PRN NR

DEA NO. _____

Substitution Permitted _____

M.D., D.O.

CL4-07-04

A-000081

1111

(When completed, this form goes to the employee, not to the Department of Labor.)

OMB No.: 1215-0181
Expires: 06/30/02

1. Employee's Name

Melinda G. Wilson

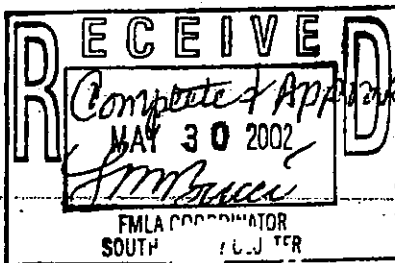
2. Patient's Name (If different from employee)

3. Page 4 describes what is meant by a "serious health condition" under the Family and Medical Leave Act. Does the patient's condition qualify under any of the categories described? If so, please check the applicable category.

(1) _____ (2) _____ (3) _____ (4) ☒ (5) _____ (6) _____, or None of the above

4. Describe the medical facts which support your certification, including a brief statement as to how the medical facts meet the criteria of one of these categories:

Patient has chronic Asthma, Chronic hand & wrist injuries and neck & back pain.



5. a. State the approximate date the condition commenced, and the probable duration of the condition (and also the probable duration of the patient's present incapacity² if different):

Asthma - Lifetime
hand & wrist - 1992
neck & back - car accident 1995

Will it be necessary for the employee to take work only intermittently or to work on a less than full schedule as a result of the condition (including for treatment described in Item 6 below)?

Yes. Employee may be off work from 1 - 3 days per week for either condition depending on flareups.

If yes, give the probable duration: Lifetime

1 - 3 days per week

c. If the condition is a chronic condition (condition #4) or pregnancy, state whether the patient is presently incapacitated² and the likely duration and frequency of episodes of incapacity²:

Patient has been incapacitated from 5/95 - 5/28.

Patient's episodes depend on flareups and may occur at any time or frequency.

Here and elsewhere on this form, the information sought relates only to the condition for which the employee is taking FMLA leave.

"Incapacity," for purposes of FMLA, is defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefor, or recovery therefrom.

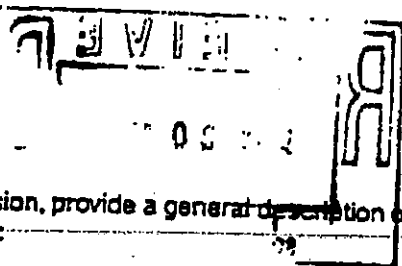
A-000082
MW/0118

If the patient will be absent from work or other daily activities because of treatment on an intermittent or part-time basis, also provide an estimate of the probable number of and interval between such treatments, actual or estimated dates of treatment if known, and period required for recovery if any:

Patient may be absent at any time flakups occur. 1-3 times per week for any one illness.

b. If any of these treatments will be provided by another provider of health services (e.g., physical therapist), please state the nature of the treatments:

P/T for neck & back.



c. If a regimen of continuing treatment by the patient is required under your supervision, provide a general description of such regimen (e.g., prescription drugs, physical therapy requiring special equipment):

P/T - Prescription drugs

If medical leave is required for the employee's absence from work because of the employee's own condition (including absences due to pregnancy or a chronic condition), is the employee unable to perform work of any kind?

Yes

b. If able to perform some work, is the employee unable to perform any one or more of the essential functions of the employee's job (the employee or the employer should supply you with information about the essential job functions)? If yes, please list the essential functions the employee is unable to perform:

Patient may sort letters in modified case with chair and arm rests.

c. If neither a. nor b. applies, is it necessary for the employee to be absent from work for treatment?

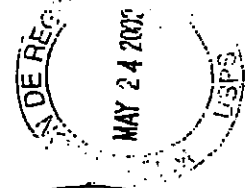
Yes.

A-0000083

MW/0119

b. If no, would the employee's presence to provide psychological comfort be beneficial to the patient or assist in the patient's recovery?

c. If the patient will need care only intermittently or on a part-time basis, please indicate the probable duration of this need:



Pls. print Dr's name - Seth Irvins, MD (F2)

[Signature]
Signature of Health Care Provider

family practice
Type of Practice

Address

TOTAL CARE PHYSICIANS
OMEGA PROFESSIONAL CENTER
BUILDING B, SUITE 89
OMEGA DRIVE
NEWARK, DE 19713

302-738-5500
Telephone Number

5/24/02
Date

To be completed by the employee needing family leave to care for a family member:

State the care you will provide and an estimate of the period during which care will be provided, including a schedule if leave is to be taken intermittently or if it will be necessary for you to work less than a full schedule:

[Signature]
Employee Signature

5/24/02
Date

A-0000084
MW/0120

Wrong File #

032011732
03020537

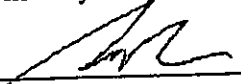
DO NOT

A-000085

Employee's Name: Melinda G WilsonIn an 8-hour Work Day, the Employee is able to:

Activity	Hours at one time	Total Hours per day
Lift/Carry: Less than 5 lbs.	<i>intermittently</i>	<i>5</i>
Lift/Carry: 5 - 10 lbs.	<i>1</i>	<i>5</i>
Lift/Carry: 11 - 20 lbs.	<i>1</i>	<i>1</i>
Lift/Carry: 21 - 50 lbs.	<i>0</i>	<i>0</i>
Lift/Carry: 51 - 70 lbs.	<i>0</i>	<i>0</i>
Lift/Carry: Over 70 lbs.	<i>0</i>	<i>0</i>
Push/Pull (up to lbs.)	<i>0</i>	<i>0</i>
Sit	<i>1-2</i>	<i>8</i>
Stand	<i>0</i>	<i>0</i>
Walk	<i>1</i>	<i>1</i>
Climb Stairs	<i>0</i>	<i>0</i>
Climb Ladders	<i>0</i>	<i>0</i>
Kneel	<i>0</i>	<i>0</i>
Bend	<i>1</i>	<i>1</i>
Stoop	<i>1</i>	<i>1</i>
Twist	<i>1</i>	<i>1</i>
Perform simple grasping (e.g. sort letters by hand)	<i>1/2 hr Sorting letters</i>	<i>8</i>
Key on 10-key pad @ 3 keystrokes per mail piece	<i>0</i>	<i>0</i>
Reach above shoulder	<i>0</i>	<i>0</i>
Work outdoors	<i>0</i>	<i>0</i>
Perform driving duties: Passenger car	<i>0</i>	<i>0</i>
Small truck (e. g., step van)	<i>0</i>	<i>0</i>
5 - 7 Ton truck	<i>0</i>	<i>0</i>
Fork Lift Power On	<i>0</i>	<i>0</i>
Tractor trailer	<i>0</i>	<i>0</i>
Fine Manipulation	<i>0</i>	<i>0</i>
Other restrictions (explain*):		
<i>Sort letters in modified case, chair back rests</i>		
<i>on left side, apply heat or ice every hour</i>		
<i>or 15 minutes as needed for pain.</i>		

*Unusual restrictions may be questioned via phone call from USPS medical professional.


Physician's Signature12/12/03
DateSeth Ivins
Physician's PRINTED Name738-5500
Telephone No.

MW/0377

Affidavit C
Page 9 of 29
A-000086

Boscor 4⁰⁰ 10110

APPLICATION FOR EMPLOYMENT

OUR EMPLOYMENT POLICY: Equal opportunity to an individual because of Race, Color, Religion, Sex, Age, National Origin, or Disability.

OUR APPLICATION POLICY: Application for employment shall be considered for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time.

A-000087

Last Name Wilson First Name Melinda Middle Name Gatson Social Security No. 22152 2808 Date of Application 9-1-83

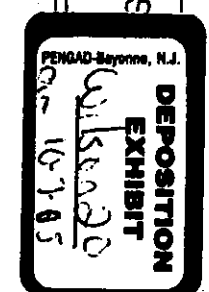
Present Number 28 Street Ashley Dr. City New Castle, DE State DE Zip 19720 Telephone No. 481-3879
Address: 28 Ashley Dr. New Castle, DE 19720 Township or Borough New Castle Area Code 302 395 4654

ARE YOU LEGALLY ELIGIBLE TO ACCEPT EMPLOYMENT IN THE UNITED STATES? ☐ Yes ☒ No Are you under 18? ☐ Yes ☒ No

Source of referral ☐ Ad ☐ Employee ☐ Other (specify) _____ Have you ever been employed by Boscor's? ☐ Yes ☒ No

If "Yes", under what name were you employed? _____ Position _____ Department _____

Dates of previous employment: From _____ To _____



Do you have any relatives working at Boscor's? ☐ Yes ☒ No If "Yes", Give Name, Relationship and Department.

TYPE OF WORK DESIRED (Any is not acceptable) (Up to 2 Choices only) Full time

TYPE OF SCHEDULE (Check only 1) ☒ FULL-TIME ☐ PART-TIME ☐ FLEXIBLE

☐ FULL-TIME I am available to work on the following days and times

FROM	TO	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
8:30	4:30							

Date you are available to start work: Immediate Expected earnings: 7.00 phons

Name a specific department ☐ CASHIER ☐ STOCK

TO BE COMPLETED AFTER EMPLOYMENT

FOR OFFICE USE ONLY

Client #	0003	Education Code	D
Store #	0002	Date of Birth	07/06/61
Sex	F	Citship (1-9)	02
Starting Date	10/20/03	Dep. Children	N
Starting Rate	7.25	Disability	N
Marital Status	M	Employee Type	T
Naol. #	0306	Normal Hours	25
I. Rel. Code	H	Job Code	89-12000

Date of Birth 07/06/61
Spouse's Name & S.S. # Kevin Wilson
Spouse's Employment Kevin Wilson
In Case of Emergency Notify: Kevin Wilson
Address: 395 4654
Telephone: 395 4654
Interviewers Comments:

JOB TITLE: B110 BASIC SALES/STOCK **GRADE OR LEVEL:** N/A
DEPT/DIVISION: ALL SELLING DEPARTMENTS
DATE COMPLETED: OCTOBER 2000 **SUPERCEDES (DATE):** MAY 1996
FLSA STATUS: NON-EXEMPT **JOB LOCATION:** ALL STORES
REPORTS TO: DEPARTMENT/AREA MANAGER

BASIC FUNCTION

Salespeople are responsible for selling merchandise, providing customer service by fulfilling customers' merchandise needs and maintaining the appearance of selling floor and stock area. May be called upon at the discretion of management to perform comparable duties of a similar or related nature and/or assist in other areas where staffing shortages exist.

% Time
Spent

ESSENTIAL JOB FUNCTIONS/MAJOR TASKS

1. Provide customer service as per company standards (i.e., greet & acknowledge customers, solid product knowledge & all other components of customer service), accurately and efficiently complete all sales transactions by adhering to all company policies & procedures including pricing and loss prevention, bag/package merchandise and maintain an awareness of advertisements; open new Boscov's charge accounts to achieve goals set by the company. 60%
2. Maintain stock by assisting in receiving, folding, straightening, and replenishing merchandise. 25%
3. Accurately complete paperwork (i.e., POS terminal procedures, new charge accounts, rainchecks, and special orders). 15%

OTHER JOB FUNCTIONS

- Open and close the department and the POS terminal
- Transfer of merchandise, price changes, counts, order new price tickets and merchandise sale signs
- Take annual inventory, cycle inventories
- Assist in floor moves, setup/breakdown of sales promotion merchandise and basic store housekeeping (i.e., cleaning shelves, dusting)
- Attend training sessions (i.e., safety, customer service, product knowledge, inventory) and meetings (i.e., roundtable, storewide meetings, departmental)

PHYSICAL DEMANDS/WORKING CONDITIONS *

Standing Stoopng Bending Reaching Climbing
Twisting/Turning Lifting/Carrying (up to 50 lbs)

QUALIFICATIONS/PREREQUISITES

(1) SKILLS

Communication; verbal, written and by telephone with coworkers, management, and customers. Possesses basic math skills. Able to read and follow directions. Ability to learn selling skills and to operate a POS terminal and telxon. Ability to work well with the public and varied hours/days as business dictates.

(2) EMPLOYMENT EXPERIENCE (KIND & AMOUNT)

Prior retail and/or selling experience preferred.

(3) EDUCATION (GENERAL LEVEL REQUIRED OR SPECIFIC COURSES)

High School diploma or equivalent

SUPERVISORY REVIEW AND APPROVAL: *E. K. Allen*

DATE: 10-31-00

HUMAN RESOURCES REVIEW AND APPROVAL: _____

DATE: _____

AVAILABILITY FORM

NIGHT

CLASS

WORKER'S NAME Melinda Wilson PHONE NO. 6981-3079
0306-Women's SS# _____ DISC. # 148768

Purpose of this form is to assist Management, Department Managers, and the Staff Scheduler in the preparation of Departmental Staff Schedules. As discussed with you during the interviewing process, all full-time and flex schedules will include 2 evenings, hours on Saturdays, and alternate Sundays. Part-time positions will include at least 3 evenings, hours on Saturday, and alternate Sundays. You have been hired as an:

EMPL. TYPE Temp with a weekly schedule of 15 to 25 hours.
 daily schedule of 4 to 8 hours.

SCHEDULING SYSTEM TYPE (✓) _____ FULL TIME, X PART-TIME, _____ FLEX

There be a day or time that you are not available, on a regular basis, please indicate below i.e., a standing doctor's appointment, class or etc. Please note: Special requests for time off are to be arranged with your Department Manager and/or Supervisor.

INDICATE ANY TIME THAT YOU ARE ~~NOT~~ AVAILABLE TO WORK

	TIME:	DAY:	TIME:
DAY	<u>open to close</u>	THURSDAY	<u>4:30 to close</u>
DAY	<u>open to close</u>	FRIDAY	<u>4:30 to close</u>
SUNDAY	<u>4:30 to close</u>	SATURDAY	<u>4:30 to close</u>
TUESDAY	<u>4:30 to close</u>		

WORKER SIGNATURE Melinda Wilson DATE 10/10/03

White: Staff Scheduler / Co-Worker's File
 Yellow: Department Manager

Affidavit B
 Page 123 of 150

MW/0341

A-000089

Exh. 6. + 12

ENT NUMBER: 0503

STORE NUMBER: 00072

SOCIAL SECURITY NUMBER: 221-52-2808

ASIC DATA. TO BE VERIFIED AND UPDATED BY CO-WORKER. ENTER CORRECTIONS OR UPDATES ON LINE PROVIDED.

NAME: WILSON

FIRST NAME: MELINDA

MIDDLE INITIAL: G

RESS LINE 1: 28 ASHLEY DRIVE

CITY: NEW CASTLE

STATE: DE

ZIP CODE: 19720-

RESS LINE 2:

FEDERAL TAX INFORMATION
(TO CHANGE, A W4 FORM MUST BE COMPLETED)

STATUS: MARRIED

EXEMPTIONS: 004

AMOUNT: .00

LOYMENT DATE: 10/20/03

DEPARTMENT: 0306

DISCOUNT NUMBER: 14876-8

- PERSONAL DATA. TO BE VERIFIED AND UPDATED BY CO-WORKER. ENTER CORRECTIONS OR UPDATES ON LINE PROVIDED.

: FEMALE MARITAL STATUS: MARRIED

SPOUSE NAME - FIRST: KEVIN
(IF MARRIED)

LAST: WILSON

ABILITY: NO

DATE OF BIRTH: 07/06/61

HOME PHONE: (302)981-3079

SPOUSE SSN: 000-00-0000
(IF MARRIED)

BER OF DEPENDENT CHILDREN:
DEPENDENT CHILDREN ARE THOSE
EN LIVING AT HOME UNDER
E OF 19)

02

NAME OF DEPENDENTS

DEPENDENTS DATE OF BIRTH

LAST NAME, FIRST NAME

MM/DD/YY

LAST NAME, FIRST NAME

MM/DD/YY

LAST NAME, FIRST NAME

MM/DD/YY

LAST NAME, FIRST NAME

MM/DD/YY

LAST NAME, FIRST NAME

MM/DD/YY

LAST NAME, FIRST NAME

MM/DD/YY

CONTACT NAME: KEVIN WILSON

RESS: SAME

TY/STATE: SAME

ONE NUMBER: 3023954854

RELATIONSHIP: HUSBAND

UCATION: COLLEGE GRADUATE

PLEASE REVIEW,
CORRECT, SIGN AND
TURN TO HUMAN
RESOURCES- DAN CARTY

FOR HUMAN RESOURCE MANAGERS USE ONLY

EEED CODE: 1 PRIMARY JOB CODE: 8210 SECONDARY JOB CODE:

JOB TITLE: SALESPERSON 2ND TITLE:

JOB SALARY CODE: NONE

NORMAL HOURS: 25.00 EMPLOYMENT TYPE: TEMPORARY
(CANNOT EXCEED 40.00) (M INDICATES MISMATCH TO AGE OR NORMAL HOURS)

CITIZENSHIP (I-9): YES UNDER AGE 18: NO
(ON FILE)

CO-WORKER SIGNATURE: *Melinda H. Wilson*

A-000090

Affidavit *B*
Page *124* of *150*

12